

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 005 ***150.00

DOCUMENT # **F97000001294**

1. Corporation Name

FIRST NATIONS FINANCIAL SERVICES COMPANY

Principal Place of Business

**2150 NORTH OCEAN BLVD
BOCA RATON FL 33431**

Mailing Address

**2150 NORTH OCEAN BLVD
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

76-0481583

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 560 Fellowship Road

Suite, Apt. #, etc.

22 Suite 214

City & State

23 Mount Laurel, NJ

Zip

24 08054

Country

25 USA

2a. Mailing Address

26 560 Fellowship Road

Suite, Apt. #, etc.

27 Suite 214

City & State

28 Mount Laurel, NJ

Zip

29 08054

Country

30 USA

9. Name and Address of Current Registered Agent

**JULIANO, WILLIAM T
2150 NORTH OCEAN BLVD
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **JULIANO, WILLIAM T**

STREET ADDRESS **2150 N OCEAN BLVD**

CITY-STATE-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE

NAME **DICKINSON, DEBORAH A**

STREET ADDRESS **2150 N OCEAN BLVD**

CITY-STATE-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **JULIANO, THOMAS E**

STREET ADDRESS **2150 N OCEAN BLVD**

CITY-STATE-ZIP **BOCA RATON FL**

TITLE **P** ☐ DELETE

NAME **PELEHATY, GARY N**

STREET ADDRESS **220 CONTINENTAL DR, STE 31A0**

CITY-STATE-ZIP **NEWARK DE 19713**

TITLE **D** ☐ DELETE

NAME **BECK, TODD**

STREET ADDRESS **220 CONTINENTAL DR, STE 310**

CITY-STATE-ZIP **NEWARK DE 19713**

TITLE **D** ☐ DELETE

NAME **DEMENA, PHILIP**

STREET ADDRESS **220 CONTINENTAL DR, STE 310**

CITY-STATE-ZIP **NEWARK DE 19713**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0336499